

REMOTE CONNECTIVITY ACCESS REQUEST



Date of Request

User Information:

☐ TennCare ☐ State Agency ☐ MCO ☐ Other

☐ Initiate Access ☐ Modify Current Access ☐ Revoke Access

Justification:

Directory to which access is being requested:

1	
2	
3	
4	
5	

RACFID (If modifying current access only)

First Name MI Last Name

RACFID (If modifying current access only)

First Name MI Last Name

Position Title

Organization

Work Number

Ext.

Primary Email

2nd Email

Approved by:

Full Name

Title

Tel. Num.

Email

Date of Approval